

10/523110

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

Repln. Ref: 08/08/2005 DCOTTMAN 0012214500
DAH:140112 Name/Number:10523110
FC: 9204 \$100.00 CR

02/08/2005 MKAYPAGH 00000052 10523110

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP

08/08/2005 DCOTTMAN 00000003 10523110

01 FC:1642 400.00 OP

Adjustment date: 08/08/2005 DCOTTMAN
02/08/2005 MKAYPAGH 00000052 10523110
02 FC:1632 -500.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/4/05</u>		2 Serial/Patent # <u>10/523/10</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>100.00</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
<div style="font-size: 2em; opacity: 0.5;">Done</div>		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--				
		--									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>Darrell Cottman</u>		PHONE: <u>703-308-9140 x203</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: